



ANNUAL REPORT GUIDELINES FOR CY 1980  
FEDERAL OCCUPATIONAL SAFETY AND HEALTH PROGRAMS

INTRODUCTION: These guidelines are provided to inform Federal agencies of the material to be included in their annual report on occupational safety and health as required by Section 2(5) of Executive Order 11807 and Section 19(a)(5) of the Occupational Safety and Health Act of 1970. These guidelines are based on the 10 element criteria approved by the Federal Advisory Council on Occupational Safety and Health.

PURPOSE: These annual reports provide information for the following:

- o The Secretary of Labor's Report to the President on the Federal Occupational Safety and Health Program.
- o Evaluative and consultative functions of the Office of Federal Agency Safety and Health Programs.

SUBMIT TO: The report should be prepared on standard size (8½ x 11) paper and submitted by April 1, 1981, to:

U.S. Department of Labor  
Occupational Safety and Health  
Administration  
Office of Federal Agency Safety  
and Health Programs  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210

CONTENTS: PROGRAM FOR CALENDAR YEAR 1980

The annual report shall provide the following information on your agency's program during CY 1980 relative to the 10 elements of an effective occupational safety and health program. Where documentation is required you may reference the specific requirement in the enclosed program documentation or in documentation on file at the Office of Federal Agency Safety and Health Programs.

1. EMPLOYEE INVOLVEMENT

- o CONSULTATION WITH EMPLOYEES/EMPLOYEE REPRESENTATIVES - document and describe implementation of requirements for consultation with employees and their representatives in planning and operating the program.
- o EMPLOYEE PARTICIPATION IN PROGRAM OPERATION - document and describe implementation of provisions.
- o COMMITTEE MEMBERSHIP - document and describe implementation of procedures for providing committees, membership, and participation at both headquarters and field levels.
- o EMPLOYEE REPORTS OF UNSAFE OR UNHEALTHFUL WORKING CONDITIONS - document and describe implementation of procedures for reporting hazardous conditions, including review and appeal to OSHA. Provide the requested information on actions taken on Federal Employee Reports in accordance with agency procedures at the field, regional, and headquarters levels, on Attachment 1.

- o SAFEGUARDS FOR DISCRIMINATION, REPRISAL, RESTRAINT, INTERFERENCE, OR COERCION - document and describe implementation of procedures prohibiting discrimination and etc. against employees for participating in the program. Describe procedures and mechanisms for investigation of allegations of discrimination, reprisal, etc., resulting from employee participation. How many such allegations were investigated and corrected through these procedures for the past calendar year?
- o POSTING OF NOTICE, AVAILABILITY OF ACT, 29 CFR 1960, AGENCY PROGRAM - document and describe implementation of procedures for informing employees of their rights and responsibilities. Is OSHA Federal employee notification "Occupational Safety and Health Protection for Federal Employees" posted, or has the agency developed its own notification? What format is the OSH program distributed or disseminated to the employee, administrative directive, safety and health manual, part of employee handbook, etc.?
- o EMPLOYEE PARTICIPATION IN FIELD FEDERAL SAFETY AND HEALTH COUNCILS - document and describe implementation of procedures providing for and promoting participation and membership in FFSHCs as work related activity, including payment of travel and other expenses incurred as a result of participation.

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- o REVIEW OF STANDARDS - document and describe implementation of procedures for informing employees of applicable standards and their right of review.
  - o NOTICES OF UNSAFE OR UNHEALTHFUL CONDITIONS - document and describe implementation of procedures for posting of notices informing employees of hazards in work areas.

2. EXECUTIVE SUPPORT AND DUTIES

- o POLICY - Document and describe the implementation of the official policy statement of the agency head on the occupational safety and health program.
- o FUNDING - Report the dollars requested, appropriated and used for the implementation of the agency program as required in OMB Circular A-11 on Attachment 2. Also, report the estimated dollars for compliance with OSHA or agency OSH standards.
- o ORGANIZATION - Describe the organizational structure of the occupational safety and health function from the designated safety and health official to field level safety and health personnel. An organization chart for the occupational safety and health function should be provided.
- o ATTACHMENT 3 - Administration of Safety and Health Program
  - Agency name and address.
  - Agency head name, title, and address.
  - Agency Designated Safety and Health Official name, title, address, and telephone.

- Agency Safety and Health (Chief, Manager, Coordinator, Director, etc.) name, title, grade level, job series number, address, and telephone.

3. SAFETY AND HEALTH HEADQUARTERS AND FIELD STAFF AND FUNCTIONS

- o ATTACHMENT 4 - Full-time Occupational Safety and Health Staffing at Headquarters and Field Units - job series number and grade level. Also include employment data as requested.
- o ATTACHMENT 5 - Safety and Health Staffing of Field Units - full-time and collateral duty - definition, address, employment, and OSH staffing by grade level, full-time or collateral duty, and total work time spent on OSH activities at each field unit.
- o ATTACHMENT 6 - Full-time OSH Professionals - Complete for each full-time OSH professional counted in Attachment 4. Enter name, title, job series, grade level, work location, and work telephone.
- o RESPONSIBILITIES AND DUTIES OF OSH STAFF - document and describe the OSH responsibilities and duties at the headquarters, regional, and field levels.

4. OPERATING MANAGEMENT AND SUPERVISORY DUTIES

- o SUPERVISORY AND OPERATING MANAGEMENT RESPONSIBILITIES - document and describe the implementation of procedures for informing management of OSH responsibilities.

- EVALUATION OF EMPLOYEES OSH PERFORMANCE - document and describe the implementation of the requirement that each employee's occupational safety and health performance be included as part of their periodic performance evaluation.
  - REPORTS OF UNSAFE OR UNHEALTHFUL CONDITIONS - document and describe the implementation of the requirement that management is informed of its responsibilities in investigating and correcting employee reports of hazardous conditions.
5. SAFETY AND HEALTH STANDARDS ADOPTION
- ADOPTION OF OSHA STANDARDS - document and describe adoption.
  - PROMULGATION OF AGENCY "CONSISTENT" STANDARDS - document and describe implementation of procedures. What standards, other than OSHA's, were adopted during the calendar year?
  - ADOPTION OF EMERGENCY STANDARDS - document and describe implementation of procedures.
6. OCCUPATIONAL SAFETY AND HEALTH TRAINING ACTIVITIES  
(Attachment 7)
- TRAINING - describe the types, extent of, training availability, and number of employees participating in training conducted for the various levels of employees including the full-time safety and health professionals, collateral-duty safety and health personnel, management, supervisors, representatives of employee groups, employees, and OSH Committee members.
  - SPECIALIZED TRAINING CONDUCTED FOR HIGH RISK JOBS - describe.

- o PERIODIC INSPECTION PROCEDURES - document and describe implementation of requirements. Include the number of periodic on-site inspections conducted by full-time OSH personnel (as defined in Attachment 3), the number of employees covered by the inspections, the number and types of hazards identified, the number and types of hazards abated or for which abatement schedules were proposed, and the cost of abating those hazards.
- o INSPECTION PERSONNEL AT FIELD LEVELS - document and describe qualifications and organization.
- o ABATEMENT PROCEDURES AND RESPONSIBILITIES - document and describe implementation of requirements.
- o PROHIBITION OF ADVANCE NOTICE PROCEDURES - document and describe implementation or requirements.
- o IMMINENT DANGER PROCEDURES - document and describe implementation of requirements.

8. RECORDKEEPING AND REPORTING PROCEDURES

- o CAUSAL ANALYSIS OF CY 1980 INJURIES, ILLNESSES, AND ACCIDENTS - describe analysis and corrective actions taken. Provide a breakdown on OSH injuries and illnesses for the last three calendar years on Attachment 8. Describe any use of Office of Workers' Compensation claims as verification of reported injuries and illnesses.



REPORTS FROM FIELD TO SAFETY AND HEALTH OFFICIAL TO OSHA - document and describe implementation of requirements. How many serious accidents were reported to OSHA?

- o MAINTENANCE OF AND EMPLOYEE ACCESS TO INJURY, ILLNESS, AND ACCIDENT RECORDS AT FIELD LEVELS - document and describe implementation of requirements.

9. PROMOTIONAL AND INTERAGENCY ACTIVITIES

- o PROMOTIONAL TECHNIQUES USED TO INCREASE EMPLOYEE INTEREST AND PARTICIPATION - describe.
- o FIELD FEDERAL SAFETY AND HEALTH COUNCILS - describe participation at field level. Include a list of Councils in which your field personnel have participated.

10. INTRA-AGENCY EVALUATION PROCEDURES

- o SELF-EVALUATION PLANS AND PROCEDURES - document and describe implementation of requirements.

ACHIEVEMENT OF PLANNED GOALS AND OBJECTIVES FOR CY 1980

- o Briefly, describe your agency's achievement of the planned goals and objectives set for 1980.

SUBMISSION OF PROGRAM DOCUMENTATION

- o Attach a copy of your official occupational safety and health order, directive, etc., which implements Section 19 of the Occupational Safety and Health Act of 1970, Executive Order 11807, and 29 CFR 1960. Do not attach exhibits demonstrating elements of your program, only

enclose official program documentation. If your program documentation is unchanged from that report last year, note by stating "Same as CY 1979." The program documentation on file may be updated by submitting any new changes over CY 1980.

PROGRAM FOR CALENDAR YEAR 1981

GOALS, OBJECTIVES, AND PLANNED ACTIVITIES FOR CY 1981

- o Describe your agency's goals and objectives for your program in CY 1980, including the planned activities involved in attaining these goals and objectives.

FEDERAL EMPLOYEE REPORTS OF UNSAFE OR  
UNHEALTHFUL WORKING CONDITIONS AT THE FIELD,  
REGIONAL, AND HEADQUARTERS LEVELS

Provide the following information on Federal Employee Reports:

I. Field (Local) Level Activity

Number of Employee Reports Received	_____
Number of Employee Reports Investigated	_____
Number of Employee Reports Abated	_____
Cost of Abating Reported Conditions	\$ _____

II. Regional (Mid) Level Activity

Number of Employee Reports Initially Received at the Regional Level	_____
Number of Employee Reports Forwarded From the Field Level	_____
Number of Employee Reports Investigated	_____
Number of Reported Conditions Abated	_____
Cost of Abating Reported Conditions	\$ _____

III. Headquarters - Designated Safety & Health Official (DSHO)  
Level

Number of Employee Reports Initially Received at Headquarters Level	_____
Number of Employee Reports Forwarded to Regional or Field Level for Investigation	_____
Number of Employee Reports Investigated by DSHO	_____
Number of Reported Conditions Abated	_____
Cost of Abating Reported Conditions	\$ _____

## CY 1980 EXPENDITURES FOR OCCUPATIONAL SAFETY AND HEALTH

Provide the figures for CY 1980 in the following table:

	\$ Requested	\$ Allocated	\$ Actually Expended
Professional Staff <sup>1</sup>			
OSH Training for:			
Professional Staff			
Management			
Supervisors			
Employees			
Abatement of Hazards			
Promotion of OSH Program			
Administration <sup>2</sup>			
Personal Protective Equipment			
Other <sup>3</sup>			
TOTAL			

NOTES:

1. Include civilian employees in series GS-803, 018, 019, 690, 804, and 081.
- 2&3. Define what is included as Administration and Other.

ADMINISTRATION OF SAFETY AND HEALTH PROGRAM

AGENCY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

AGENCY HEAD

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

AGENCY DESIGNATED  
SAFETY AND HEALTH  
OFFICIAL

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NO. \_\_\_\_\_

AGENCY SAFETY  
AND HEALTH  
(COORDINATOR,  
DIRECTOR, CHIEF,  
MANAGER, ETC.)

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

GRADE LEVEL \_\_\_\_\_ JOB SERIES \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NO. \_\_\_\_\_

FULL-TIME OCCUPATIONAL SAFETY & HEALTH STAFFING  
AT HEADQUARTERS & FIELD UNITS

GS SERIES	GS GRADES													
	5-8		9-11		12		13		14		15		16	
	HQ	FU	HQ	FU	HQ	FU	HQ	FU	HQ	FU	HQ	FU	HQ	FU
SAFETY ENGINEER (803)														
SAFETY MANAGER/SAFETY														
SPECIALIST (018)														
SAFETY TECHNICIAN (019)														
INDUSTRIAL HYGIENIST (690)														
FIRE PROTECTION														
ENGINEER (804)														
FIRE PROTECTION SPECIALIST/														
MARSHALL (081)														
HEALTH PHYSICIST (1306)														
OCCUPATIONAL MEDICINE														
PHYSICIAN (602)														
OCCUPATIONAL HEALTH														
NURSE (610)														
PHYSICAL SCIENCE														
TECHNICIAN (1311)														
ENVIRONMENTAL HEALTH														
TECHNICIAN (699)														
HEALTH TECHNICIAN (645)														
OTHER FULL-TIME (SPECIFY)														

## ATTACHMENT 5

## SAFETY & HEALTH STAFFING OF FIELD UNITS

DEFINITION OF FIELD UNIT: \_\_\_\_\_

[illegible]

CD = Collateral-duty

FULL-TIME OSH PROFESSIONALS

Directions: Complete this form for each full-time professional at both the headquarters and field levels indicated on Attachment 4. The professionals should be in the job series GS 803, 018, 019, 690, 804, and 081. Include agency and sub-agency identification in the work address.

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

JOB SERIES \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_ (COMMERCIAL)

\_\_\_\_\_ (FTS OR OTHER)

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

JOB SERIES \_\_\_\_\_ GRADE LEVEL \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_ (COMMERCIAL)

\_\_\_\_\_ (FTS OR OTHER)



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ATTACHMENT 8

OCCUPATIONAL INJURIES & ILLNESSES FOR CY 1980, 1979, and 1978

CALENDAR YEAR	NUMBER OF FATALITIES	NUMBER OF				TOTAL EMPLOY- MENT	TOTAL EMPLOYEE HOURS WORKED
		INJURIES		ILLNESSES			
		NON - LOST WORKDAY CASES	LOST WORKDAY CASES	NON - LOST WORKDAY CASES	LOST WORKDAY CASES		

NOTE: This data should agree with the data provided to OSHA annually on OSHA Forms 102F and 102FF in the Federal Accident Reporting System.